

**STANDARDIZED PERMIT SERIES DETERMINATION
A, B, C and SMALL QUANTITY C**

Facility Name

EPA I.D. Number

Date

Determine the total volume of hazardous waste treated per month and/or the total storage design capacity under the Standardized Permit authorization at this facility. Please check the box that indicates the highest volume of hazardous waste managed.

SERIES	TOTAL MONTHLY TREATMENT VOLUME	TOTAL FACILITY STORAGE DESIGN CAPACITY	CHECK ONE
A	Greater than 50,000 gallons. Greater than 100,000 pounds.	Greater than 500,000 gallons. Greater than 500 tons.	
B	Greater than 5,000 gallons and less than 50,000 gallons. Greater than 10,000 pounds and less than 100,000 pounds.	Greater than 50,000 gallons and less than 500,000 gallons. Greater than 100,000 pounds and less than 500 tons.	
C	Less than 5,000 gallons. Less than 10,000 pounds.	Less than 50,000 gallons. Less than 100,000 pounds.	
SMALL QUANTITY C	Less than 1,500 gallons. Less than 3,000 pounds.	Less than 15,000 gallons. Less than 30,000 pounds.	

**GALLONS - LIQUID HAZARDOUS WASTE
POUNDS/TONS - SOLID HAZARDOUS WASTE**

rev_ser2.wpd

Region _____	
<table border="1"><tr><td>For DTSC Use Only</td></tr></table>	For DTSC Use Only
For DTSC Use Only	

STANDARDIZED PERMIT NOTIFICATION FOR
HAZARDOUS WASTE FACILITIES

Please refer to the attached Instructions before completing this form.

Initial Notification

Γ

Revised/Renewal Notification

Γ

I. FACILITY INFORMATION

EPA ID NUMBER CA _____

BOE NUMBER (if available) H _____ HQ _____

NAME (Company or Facility)
(DBA--Doing Business As)

FACILITY ADDRESS

CITY

_____ CA ZIP _____ - _____

COUNTY

LOCATION (major cross streets, or nearby landmark)

(Latitude & Longitude)

CONTACT PERSON

(Last Name)

(First Name)

TITLE

TELEPHONE NUMBER (____) _____ - _____

II. MAILING ADDRESS, IF DIFFERENT:

COMPANY NAME (DBA)

STREET

CITY

_____ STATE _____ ZIP _____ - _____

COUNTRY

(Complete only if not USA)

CONTACT PERSON

(Last Name)

(First Name)

TELEPHONE NUMBER (____) _____ - _____

STANDARDIZED PERMIT NOTIFICATION FOR
HAZARDOUS WASTE FACILITIES

III. OPERATOR INFORMATION

NAME _____
(Last Name) (First Name)

ADDRESS _____

CITY _____ STATE ____ ZIP _____ - _____

TELEPHONE NUMBER (____) _____ - _____

IV. OWNER INFORMATION

NAME _____
(Last Name) (First Name)

ADDRESS _____

CITY _____ STATE ____ ZIP _____ - _____

COUNTRY _____
(Complete only if not USA)

TELEPHONE NUMBER (____) _____ - _____

OWNERSHIP STATUS: Federal ☐ State ☐ Public ☐ Private ☐

V. LAND OWNER INFORMATION

NAME _____
(Last Name) (First Name)

ADDRESS _____

CITY _____ STATE ____ ZIP _____ - _____

COUNTRY _____
(Complete only if not USA)

TELEPHONE NUMBER (____) _____ - _____

VI.	DESCRIPTION OF BUSINESS ACTIVITIES:	SIC CODES	_____	_____
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STANDARDIZED PERMIT NOTIFICATION FOR
HAZARDOUS WASTE FACILITIES

VII. FACILITY STATUS

A. Other Environmental Permits or Construction Approvals Held or Applied For:

<input type="checkbox"/> NPDES	<input type="checkbox"/> Nonattainment
<input type="checkbox"/> PSD	<input type="checkbox"/> Local POTW
<input type="checkbox"/> NESHAPS	<input type="checkbox"/> Permit By Rule
<input type="checkbox"/> Land Use Permit	<input type="checkbox"/> Air Quality Permit
<input type="checkbox"/> TSCA PCB Permit	<input type="checkbox"/> Conditional Exemption
<input type="checkbox"/> Conditional Authorization	<input type="checkbox"/> Hazardous Waste Transporter Registration
<input type="checkbox"/> Other _____	

B. Is facility on Indian Lands? Yes ☐ No ☐

VIII. HAZARDOUS WASTE INFORMATION

A. _____ Total number of hazardous waste storage units

_____ Number of storage units under full facility permit

_____ Number of storage units under standardized permit

B. _____ Total number of hazardous waste treatment units

_____ Number of treatment units under full facility permit

_____ Number of treatment units under standardized permit

_____ Number of treatment units under permit by rule

_____ Number of treatment units under conditional authorization

_____ Number of treatment units under conditional exemption

C. Total hazardous waste storage capacity of units regulated under the standardized permit:

_____ gallons liquid and/or _____ pounds or tons/solid.

D. Total hazardous waste treatment volume and/or weight regulated under the standardized permit:

_____ gallons/month liquid and/or _____ pounds or tons/month solid.

STANDARDIZED PERMIT NOTIFICATION FOR HAZARDOUS WASTE FACILITIES

- E. Briefly describe all hazardous waste treatment and/or storage activities to be conducted at the facility. Include treatment under a full permit, Permit by Rule, treatment under Conditional Authorization, treatment under Conditional Exemption, and storage and/or treatment under the Standardized Permit. Annotate the description of each of the storage/treatment activities as Permit By Rule (PBR), Conditional Authorization (CA), Conditional Exemption (CE), or Standardized Permit (SP) as appropriate. Note that detailed unit-specific information forms for each unit which manages wastes generated offsite are required attachments to this notification.**

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**STANDARDIZED PERMIT NOTIFICATION FOR
HAZARDOUS WASTE FACILITIES**

IX. REQUIRED ATTACHMENTS

- Γ** **A.** A scale drawing and blueprints of the proposed facility.
- Γ** **B.** A topographic map of the area of the proposed facility.
- Γ** **C.** A unit-specific information sheet for each of the hazardous waste storage and/or treatment units included in Item F which will be under the Standardized Permit.

X. OWNER CERTIFICATION

"I certify that the unit or units described in these documents will meet the eligibility and operating requirements of state statutes and regulations for the standardized permit tier. I understand that I am required to provide financial assurance for this facility, and I am required to conduct a corrective action program as part of the standardized permit application to be submitted to the Department."

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who will manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for known violations."

Name (Print or Type)

Title

Signature

Date Signed**XI. OPERATOR CERTIFICATION**

"I certify that the unit or units described in these documents will meet the eligibility and operating requirements of state statutes and regulations for the standardized permit tier. I understand that I am required to provide financial assurance for this facility, and I am required to conduct a corrective action program as part of the standardized permit application to be submitted to the Department."

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who will manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for known violations."

Name (Print or Type)

Title

Signature

Date Signed

XII. LAND OWNER CERTIFICATION

I [We] certify under penalty of law that I [we] am [are] familiar with the operations conducted by _____ [Names of Operators] of _____ [Name of Facility] at _____ [address] on the property owned by _____ [owner’s name or his/her designee], that I [we] have reviewed this permit application, and to the best on my [our] knowledge, information, and belief, find it to be true and accurate. I [We] understand this application is being submitted for the purpose of obtaining a Standardized Permit to operate a hazardous waste storage and treatment facility.

I [We] understand fully that I [we], as the land owner, located thereon, am [are] jointly and severally responsible for compliance with applicable provisions of the California Health and Safety Code, its implementing regulations and any permit issued pursuant to the applications of these regulations.≡

Name (print or type) Title

Name (print or type) Title

Signature Date

Signature Date

**HAZARDOUS WASTE FACILITY STANDARDIZED PERMIT
UNIT-SPECIFIC FORM**

UNIT NAME _____

UNIT ID NUMBER _____

I. NARRATIVE DESCRIPTION OF UNIT

II. STORAGE/TREATMENT PROCESS DESIGN

DIMENSIONS (Tank or Container)	PROCESS CODE	PROCESS DESIGN CAPACITY	UNIT OF MEASURE

III. WASTE HANDLING

WASTE CODE(S)		WASTE DESCRIPTION	MAX. CONCENTRATION	ESTIMATED QUANTITY	UNIT OF MEASURE	PROCESS CODE(S)
RCRA	CA					

(add more rows if more than 5 waste streams are managed)

CODES TO BE USED IN THESE TABLES:**DIMENSIONS:**

Tanks : diameter (or length and width) and height in inches (in), feet (ft), centimeters (cm) or meters (m).

Container Storage Areas: length and width in feet (ft) or meters (m).

PROCESS CODES:

Storage in Containers = S1

Treatment in Containers = T1

Storage in Tanks = S2

Treatment in Tanks = T2

UNITS OF MEASURE: Storage quantities in gallons (G), liters (L), pounds (P) or kilograms (K).
Treatment quantities in gallons, liters, pounds or kilograms per month (G/month, L/month, P/month, K/month).

CONCENTRATION: Liquids in milligrams per liter (mg/l)
Solids in milligrams per kilogram (mg/kg)

WASTE CODES: See pages 9 & 10 of the instruction packet.